

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

CREDIT CARD PAYMENT INFORMATION
(MUST BE SUBMITTED WITH EACH PAYMENT OBLIGATION)

*YOUR OBLIGATION TO THE UNITED STATES DISTRICT COURT
MAY BE SETTLED WITH YOUR VISA, MASTERCARD, DISCOVER,
AMERICAN EXPRESS, OR DINERS CLUB*

INSTRUCTIONS: 1. Completely fill out all blanks to ensure proper processing of this credit card form. 2. Mail completed form to: Clerk, US District Court 55 Pleasant Street, Room 110 Concord, NH 03301-3941	Accounting Use Only
	Authorization number
	Authorization date
	Reference number

☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express** ☐ **Diners Club**

My Bank Card Number is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Good thru:

--	--	--	--

Payment Amount:

\$	
----	--

Case Number:

--

(Print) Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone No. _____

Cardholder acknowledges that the United States District Court will apply the payment amount shown above to the debt(s) represented by the referenced docket number. Cardholder agrees to perform the obligations set forth in the cardholder's agreement with issuer.